

Passport Size Photo

I, _____, am the person shown in
(Please Print)
the attached photograph and I certify that it has been taken within the last six months.

Applicant's Signature _____ Date _____
(Do not print)

Attach Passport Style
Photo Here

2x2

No copies

You can submit this page by either attaching it to the online application under the "Uploads" section OR by mailing this page to the Board. The mailing address for the Board is:

South Carolina Board of Speech-Language Pathology and Audiology
PO Box 11329
Columbia, S.C. 29211-1329

Note to Applicant-- DID YOU REMEMBER TO:

- Have official transcripts mailed directly from schools to the Board office.
- Have license verification(s) mailed from All states in which you are have previously or currently licensed in. (Whether active or inactive)

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.